

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 JUN 16 PM 2:19

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P98000076134

1. Corporation Name

ACQUISITION PARTNERS II, INC.

Principal Place of Business Mailing Address
 4350 WEST CYPRESS ST
 SUITE 440
 TAMPA, FL 33607

REINSTATEMENT *99-00*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		8/25/98	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3600168	
Country		Country		Applied For	
		TAMPA, FL		Not Applicable	
		33606		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
		HILLSBOROUGH		\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.D.T.S.	ALEXANDER HERN	4350 WEST CYPRESS STREET SUITE 440	TAMPA, FL 33607

~~500003312415-2~~
 -07/05/00-01013-007
 ****900.00 ****900.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LEONARD, RIVERSON-S		Name LEONARD, RIVERSON S	
3001 N. ROCKY POINT DR E		Street Address (P.O. Box Number is Not Acceptable) 4350 W. CYPRESS STREET	
SUITE 200		Suite, Apt. #, Etc. 440	
TAMPA, FL 33607		City TAMPA	State FL
		Zip Code 33607	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *[Signature]* Date: **KE**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the name of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* Date: 5-10-00 Daytime Phone #: 813-414-0233

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR